

Utah Department of Agriculture & Food 350 North Redwood Rd P.O. Box 146500 Salt Lake City, UT 84114	<b>MEDICAL CANNABIS PROCESSING ESTABLISHMENT APPLICATION CHECKLIST</b>	Website: <a href="http://www.ag.utah.gov">www.ag.utah.gov</a> Phone: 801-982-2200 Email: cannabis@utah.gov
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**The Application submitted by a Cannabis Processing Facility and approved by the Establishment Board will be considered the business's operation plan. UDAF Inspectors will use the operation plan for regulatory purposes. Ensure all information is complete, current, and accurate.**

The information provided by the applicant for a Medical Cannabis Production Establishment must fit within the following Guidelines:

- Maximum 50 pages
- Information provided must be clear and concise; do not repeat information
- Ensure each section speaks to the requested information; and are in the same order as application
- Everything in the application is contained in a single PDF document.

Utah Department of Agriculture & Food 350 North Redwood Rd P.O. Box 146500 Salt Lake City, UT 84114	<b>MEDICAL CANNABIS PROCESSING ESTABLISHMENT APPLICATION</b>	<b>Medical Cannabis Program</b>  <b>Application Number:</b> _____ (office use only)
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*Medical Cannabis Processor Facility is multi-tiered:*

*(a) A tier 1 processor license allows the licensee to process, manufacture, dry, cure, package, and label cannabis and cannabis products for sale or transfer to another cannabis processing facility, a medical cannabis pharmacy, or the state central fill medical cannabis pharmacy. A tier 1 processing license is \$100,000 per year.*

*(b) A tier 2 processor license allows the licensee to package and label cannabis and cannabis products for sale or transfer to another cannabis processing facility or a medical cannabis pharmacy. A tier 2 processing license is \$35,000 per year.*

**All Facilities must pay a non-refundable application fee of \$1,250.00 before the application is reviewed. Call UDAF's number 801.982.2200 and ask for accounting to make the payment.**

*Prior to approving an application, the department may contact any applicant and request additional supporting documentation or information. The department may conduct face-to-face interviews with an applicant if needed.*

*The department shall inspect the premises to determine if the applicant complies with state laws, administrative rules and best practice standards.*

### Ownership Information

- Ownership Entity: \_\_\_\_\_  
Entity Type: Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐
- DBA: (assumed name of business) \_\_\_\_\_
- Processing Facility Address: \_\_\_\_\_  
STREET CITY STATE ZIP
- Mailing Address: \_\_\_\_\_  
(IF DIFFERENT) STREET CITY STATE ZIP
- Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other/office: \_\_\_\_\_
- Facility Manager Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
- Contact Person for Inspections: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

8. Contact Person for Sampling / Results: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
9. Additional Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_
10. Other industrial hemp and/or medical cannabis licenses currently or previously held by applicant/entity/principals: \_\_\_\_\_

### Ownership Information

*An owner is a person who, if the company is privately held, has a financial **or voting interest** of 2% or greater in the cannabis production establishment; or if the entity is publicly traded has more than a 2% financial interest in the company; or is an individual who has the power to direct or cause the management or control of a facility, in other words is a general manager of daily operations.*

**List all Owners and their positions in the Company.**

Legal Name (First & Last)	Role in the Company's Finances and Decisions	DATE OF BIRTH mm/dd/yy	FINGERPRINTS SUBMITTED Y/N

11. The applicant understands that as an applicant and potential licensee you are **REQUIRED** to know the current statutory law, administrative rules and Departmental policies and comply in full? Yes ☐ No ☐
12. Criminal History Background Documents must be submitted for all owners. Background Forms **should NOT be part of the application**. Go to <https://medicalcannabis.utah.gov/production/processors/> for background check information.
13. Descriptions of the credentials and experience of each officer, director, and owner and prospective employee who have a financial or voting interest of 2% or greater in the proposed cannabis production establishment; or the power to direct or cause the management or control of a proposed cannabis production establishment  
**a)** A description of any investigation or adverse action taken by any licensing jurisdiction, government agency, law enforcement agency, or court in any state for any violation or detrimental conduct in relation to any of the applicant's cannabis-related operations or businesses.

### Processing Facility Information

14. Application for: Tier 1 ☐ Tier 2 ☐
15. Projected Opening Day: \_\_\_\_\_ Days/hours of operation: \_\_\_\_\_

### Processing Establishment Property Information

16. Submit for Company's Current Cannabis Processing Facility a Blueprint with:
- the square footage of the areas where cannabis is extracted;
  - the square footage of the area(s) where cannabis products are manufactured;
  - location of all extraction machinery/ stationary equipment;
  - the square footage of the areas used for storage and what type of product is stored there (i.e crude oil, untested products, final tested product) ;

- e) the areas where cannabis is to be dried, trimmed, and cured (if applicable);
- f) the square footage of the areas where cannabis is to be packaged;
- g) the location of the toilet facilities and hand washing facilities;
- h) the location of a break room;
- i) the location of lobby or area where non-agents can access.
- j) the location of the areas to be used for loading and unloading of cannabis products for transportation; and
- k) the location of all cameras and external lights.

17. Proximity: Confirm the proposed location is 1000 feet or more by pedestrian travel to a “community location” and is 600 feet or more by pedestrian travel to any district zoned as primarily residential. **YES ☐ NO ☐**

### Operating Plan

- 18. List all product types that will be produced in the upcoming year. (i.e Vapes, Salves, Flower)
- 19. List all extraction methods used at the facility. Include all solvents, chemicals, and equipment used.
- 20. Is the facility doing CBD to THC conversion? If yes, outline the facility’s methods.
- 21. Provide all written emergency procedures for Fire, Chemical Spills, and other Emergencies. *This information plus the Material Safety Data Sheet (MSDS) must be easily accessed by all employees.*
- 22. Submit the facility’s most up-to-date security plan. Security plans shall include:
  - a) description of security alarm system;
  - b) person(s) notified of potential security breaches and alerts;
  - c) video storage device location: local or cloud storage
  - d) procedures to provide UDAF inspectors immediate access to current and archived video footage when requested.
  - e) any additional security measure in place that exceed the security requirements outlined in R68-28-6
- 23. Provide the facility’s storage protocols, both short and long-term, to ensure all cannabis is stored in a manner that is sanitary and preserves the integrity of the cannabis in accordance to R68-28-9.
- 24. Provide the processing facility’s written plan and procedures to handle potential recalls in accordance to R68-28-14. Include:
  - a) The name(s) of persons designated as recall coordinator (R68-28-14(2a);
  - b) the contact information for how to reach staff member(s);
  - c) how will affected parties be notified;
  - d) a written procedure with specifics of what to do in case of a product recall.
- 25. Submit procedures on how the facility will dispose of Product that fails quality assurance testing. A destruction plan must be written for every product type produced at the processing facility, and must be in compliance with federal and state laws laid out in Utah Code 4-41a-405 and Rule R68-27-15 Cannabis Waste Disposal.
- 26. Detail the procedures the facility has employed to meet the transport and transfer requirements of Utah Rule R68-28-13. Include the make and model of every vehicle the company will use to transport Cannabis Material.

### Compliance

- 27. Submit proof of a \$50,000 performance bond.
- 28. The facility understands all scales must be certified, as outlined in Utah Administrative Rule 68-28-4 (8). Visit <https://ag.utah.gov/businesses/regulatory-services/weights-measures/> for more information.
- 29. Submit proof of registration as a Manufactured Food Establishment with UDAF’s Regulatory Services.
- 30. Submit a current local business license or permit from the city/municipality.
- 31. The Facility is responsible for ensuring all employees have background checks and are registered in the Electronic Verification System (EVS). The company is also responsible for collecting agent cards and notifying the Department when an agent leaves their facility. Failure to comply will result in a citation and a fine to the company.

**AGREE ☐**

### LICENSE AGREEMENT

Applicant understands the requirements for licensure are based on current statute and rule and are subject to change. Applicant agrees as a condition of licensing that he has read and will abide by the provisions of Utah Code 4-41a and all rules promulgated thereunder and all directives of the Utah Department of Agriculture and Food. The applicant also understands that failure to adhere to or maintain the qualifications of their license, may result in suspension or revocation of the license and/or forfeiture of the performance bond or any other remedies allowed by law.

Applicant agrees to immediately notify the department of any change in ownership or financial interest of the facility; the

facility's name, change in location, change in testing methods, equipment, remodeling, expansion, reduction or physical, non-cosmetic alteration of the facility, change in written operating procedures, or change in any information submitted in this application.

The undersigned acknowledges that representatives of the Utah Department of Agriculture and Food may inspect the records and facility of a cannabis production establishment at any time during business hours to determine and ensure the cannabis production establishment is in compliance with the law. Failure to provide the department or the department's authorized agents immediate access to records and facilities during business hours in accordance with this section may result in a civil monetary penalty; license or registration suspension or revocation; or an immediate cessation of operations under a cease and desist order issued by the department.

**Disclaimer:**

Applicant acknowledges and understands that cultivating, possessing, using, distributing and/or selling marijuana is prohibited by federal law, notwithstanding Utah law or any authorizations in the Agent or this Registration to the contrary. Nothing in this Application is intended to provide any guidance or assistance in violating or complying with existing federal laws regulating marijuana cultivation, distribution, or use. Similarly, compliance with state law or the terms of this Registration, or possession of the registration card does not confer immunity from enforcement of federal law or federal enforcement practices. Further, nothing in this Application or the Registration Card shall be construed as advice with regard to compliance with applicable federal, state, or local tax laws or any regulatory consequences of engaging in any business in this industry.

The undersigned acknowledges that he/she has read and understands the statements herein and the execution thereof is done voluntarily and by the authorization of the applicant entity.

The undersigned hereby makes application to the Utah Department of Agriculture and Food and certifies that the information contained hereinP and attached here is true and correct.

If selected for a license, applicant agrees to pay the required license fee (\$100,000 Tier 1 or \$35,000 Tier 2) within 30 days of being notified of licensure decision.

\_\_\_\_\_  
Applicant/Owner of business

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date